

Fill in this information to identify the case:

Debtor name Thunder International Group, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 25-15229

Check if this is an amended filing

**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

**12/15**

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

**1b. Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 1,863,628.83

**1c. Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 1,863,628.83

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 868,757.00

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 3,937,358.30

**4. Total liabilities .....**

Lines 2 + 3a + 3b

\$ 4,806,115.30

Fill in this information to identify the case:

Debtor name Thunder International Group, Inc.United States Bankruptcy Court for the: DISTRICT OF NEW JERSEYCase number (if known) 25-15229 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?** No. Go to Part 2. Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
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3.1. <u>East West Bank</u>	<u>4225</u>	<u>\$0.00</u>
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3.2. <u>Bank of America</u>	<u>8540</u>	<u>\$0.00</u>
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3.3. <u>Bank of America</u>	<u>8582</u>	<u>\$39,242.83</u>
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3.4. <u>Bank of America</u>	<u>4611</u>	<u>\$0.00</u>
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3.5. <u>Bank of America</u>	<u>4598</u>	<u>\$0.00</u>
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3.6. <u>Bank of America</u>	<u>4608</u>	<u>\$0.00</u>
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**4. Other cash equivalents (Identify all)**



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General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. **Office furniture**  
Misc. office furniture \$0.00 \$0.00

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40. **Office fixtures**41. **Office equipment, including all computer equipment and communication systems equipment and software**42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
 No  
 Yes
 45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
 No  
 Yes
 **Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**
 No. Go to Part 9.  
 Yes Fill in the information below.
 

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**Warehouse equipment \$0.00 \$590,000.0051. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$590,000.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**
 No  
 Yes
 53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**
 No  
 Yes

Debtor Thunder International Group, Inc.  
NameCase number (*If known*) 25-15229**Part 9: Real property****54. Does the debtor own or lease any real property?**

- No. Go to Part 10.  
 Yes Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.)</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 19465-19485 E. Walnut Drive City of Industry, CA 91745	Lease	Unknown		Unknown
55.2. San Bernardino Airport 115 N. Del Rosa San Bernardino	Lease	Unknown		Unknown
55.3. 99 Caven Point Road Jersey City, New Jersey	Lease	Unknown		Unknown
55.4. 8828 Taub Road Houston, Texas 77064	Lease	\$0.00		\$0.00
55.5. 13428 N.E. Jarrett Street Portland, OR 97230	Lease	Unknown		Unknown
55.6. 360 Veterans Parkway Bolingbrook, IL 60440	Lease	Unknown		Unknown

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
 Copy the total to line 88.

\$0.00

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- No  
 Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- No  
 Yes

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

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- No. Go to Part 11.  
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>www.thundrex.com</u>	\$0.00		\$0.00
<u>fulfillment.thunderex.com</u>	\$0.00		\$0.00
<u>ship.thunderex.com</u>	\$0.00		\$0.00
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10.			\$0.00
Add lines 60 through 65. Copy the total to line 89.			
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.  
 Yes Fill in the information below.

Debtor Thunder International Group, Inc.  
NameCase number (*If known*) 25-15229Part 12: **Summary****In Part 12 copy all of the totals from the earlier parts of the form**

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	\$39,242.83	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$616,000.00	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$618,386.00	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$0.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$590,000.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		\$0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$0.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. <b>Total.</b> Add lines 80 through 90 for each column	\$1,863,628.83	+ 91b. \$0.00
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		\$1,863,628.83

**Fill in this information to identify the case:**Debtor name Thunder International Group, Inc.United States Bankruptcy Court for the: DISTRICT OF NEW JERSEYCase number (if known) 25-15229 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

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Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Creditor's Name	Describe debtor's property that is subject to a lien	Column A Amount of claim	Column B Value of collateral that supports this claim
2.1 <u>De Lage Landen Financial Svcs, Inc.</u>  <u>1111 Old Eagle School Rd Wayne, PA 19087</u>  <u>Creditor's mailing address</u>	<u>Describe the lien</u>  <u>Is the creditor an insider or related party?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Is anyone else liable on this claim?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)  <u>Last 4 digits of account number</u>  <u>Do multiple creditors have an interest in the same property?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.  <u>As of the petition filing date, the claim is:</u> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,757.00</u>	<u>\$0.00</u>
2.2 <u>East West Bank</u>  <u>9300 Flair Dr Fl 6th El Monte, CA 91731</u>  <u>Creditor's mailing address</u>	<u>Describe the lien</u>  <u>Is the creditor an insider or related party?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <u>Is anyone else liable on this claim?</u> <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)  <u>Last 4 digits of account number</u>  <u>Do multiple creditors have an interest in the same property?</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.  <u>As of the petition filing date, the claim is:</u> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$867,000.00</u>	<u>\$0.00</u>

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2.3	U.S. Small Business Administration	Describe debtor's property that is subject to a lien	Unknown	\$0.00
Creditor's Name <b>ATTN: District Counsel Two Gateway Center, Suite 1002 Newark, NJ 07102</b>				
Creditor's mailing address				
Creditor's email address, if known				
Date debt was incurred				
Last 4 digits of account number				
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<p><b>As of the petition filing date, the claim is:</b>            Check all that apply  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed         </p>			

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$868,757.00****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

## Fill in this information to identify the case:

Debtor name Thunder International Group, Inc.United States Bankruptcy Court for the: DISTRICT OF NEW JERSEYCase number (if known) 25-15229 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address California Dept. of Tax and Fee Admin. P.O. Box 942879 Sacramento, CA 94279	\$0.00	\$0.00
	As of the petition filing date, the claim is: <i>Check all that apply.</i>		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address City of Atlanta, Office of Revenue 55 Trinity Ave SW Atlanta, GA 30303	\$0.00	\$0.00
	As of the petition filing date, the claim is: <i>Check all that apply.</i>		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.3	Priority creditor's name and mailing address City of Jersey City 280 Grove Street Room 101  Jersey City, NJ 07302	\$0.00	\$0.00
	As of the petition filing date, the claim is: <i>Check all that apply.</i>		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.4	Priority creditor's name and mailing address City of Portland, Revenue Division 111 SW Columbia Street Suite 600  Portland, OR 97201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address Cook County Treasurer 118 North Clark Street, Room 112  Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address Georgia Dept. of Revenue PO Box 740319 Atlanta, GA 30374	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.7	Priority creditor's name and mailing address Harris County Tax Assessor-Collector 1001 Preston St. Houston Texas 77002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.8	Priority creditor's name and mailing address Illinois Department of Revenue PO Box 19035 Springfield, IL 62794	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset?	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.9	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.10	Priority creditor's name and mailing address Los Angeles Treasurer and Tax Collector 500 W Temple Street Los Angeles, CA 90012	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.11	Priority creditor's name and mailing address NJ Division of Taxation 3 John Fitch Way, 5th Floor PO Box 245  <u>Trenton, NJ 08695</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.12	Priority creditor's name and mailing address Oregon Department of Revenue PO Box 14725  <u>Salem, OR 97309</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.13	Priority creditor's name and mailing address State of Delaware, Division of Revenue 820 N. French Street  <u>Wilmington, DE 19801</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.14	Priority creditor's name and mailing address Texas Comptroller of Public Accounts P.O. Box 13528, Capitol Station  Austin, TX 78711	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address 99 Caven Point Road, LLC 400 Plaza Drive, PO Box 1515 Secaucus, NJ 07096  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225,688.68
3.2	Nonpriority creditor's name and mailing address Amazon P.O. Box 81226 Seattle, WA 98108  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,922.67
3.3	Nonpriority creditor's name and mailing address Atech Network Service 6246 Reno Ave Temple City, CA 91780  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$387.60
3.4	Nonpriority creditor's name and mailing address Cali Flower Capital, Inc. 815 Lakewood Rd Toms River, NJ 08755  Date(s) debt was incurred _____ Last 4 digits of account number 8540	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,950.00
3.5	Nonpriority creditor's name and mailing address Charge Up Capital LLC 1706 Avenue M, Suite 2 Brooklyn, NY 11210  Date(s) debt was incurred 11/27/2024 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$202,981.00
3.6	Nonpriority creditor's name and mailing address Covered California for Small Business P.O. Box 740167 Los Angeles, CA 90074  Date(s) debt was incurred _____ Last 4 digits of account number 2833	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,374.76

Debtor	Thunder International Group, Inc. Name	Case number (if known)	25-15229
3.7	Nonpriority creditor's name and mailing address  ELZ Accountancy Corp 1930 S Brea Canyon Road, #150  Diamond Bar, CA 91765  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.8	Nonpriority creditor's name and mailing address  Essentia Funding 22 E Main St Unit 250 Middletown, NY 10940  Date(s) debt was incurred <u>02/12/2025</u>  Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.  <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400,000.00
3.9	Nonpriority creditor's name and mailing address  Humana PO Box 4605 Carol Stream, IL 60197  Date(s) debt was incurred <u>04/19/2025</u>  Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,501.08
3.10	Nonpriority creditor's name and mailing address  Industrial Park E. Sub A, LLC c/o Allen Matkins Leck Gamble Mallory & Natsis LLP 600 West Broadway, 27th Floor San Diego, CA 92101 San Diego, CA 92101  Date(s) debt was incurred <u>09/03/2020</u>  Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,114,799.84
3.11	Nonpriority creditor's name and mailing address  MoneyWell Group, LLC 111 Great Neck Rd, Suite 300 Great Neck, NY 11021  Date(s) debt was incurred <u>3/26/2025</u>  Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.  <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270,000.00
3.12	Nonpriority creditor's name and mailing address  Overton Funding LLC 2802 North 29th Ave Hollywood, FL 33020  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.  <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135,000.00
3.13	Nonpriority creditor's name and mailing address  Quick Funding Group, LLC dba Quick Funding Group 583 Grant Place Cedarhurst, NY 11516  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.  <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300,000.00

Debtor	Thunder International Group, Inc. Name	Case number (if known)	25-15229
3.14	Nonpriority creditor's name and mailing address Reliance Financial FL LLC 2875 S Ocean Blvd Ste 200-004 Palm Beach, FL 33480  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$385,156.25
3.15	Nonpriority creditor's name and mailing address REYNOLD GROUPS INC 575 Route 28, Suite 110 Raritan, NJ 08869  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,635.00
3.16	Nonpriority creditor's name and mailing address San Bernardino International Airport 1601 East Third Street, Suite 100 San Bernardino, CA 92408  Date(s) debt was incurred <u>09/1/2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216,602.60
3.17	Nonpriority creditor's name and mailing address SH Distribution Center Owner LP 1000 N Post Oak Road, Suite 220 Houston, TX 77055  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,438.14
3.18	Nonpriority creditor's name and mailing address SoCal Gas PO Box C Monterey Park, CA 91756  Date(s) debt was incurred <u>02/19/2025</u> Last 4 digits of account number <u>5499</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$167.18
3.19	Nonpriority creditor's name and mailing address SoCal Gas PO Box C Monterey Park, CA 91756  Date(s) debt was incurred _____ Last 4 digits of account number <u>5624</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.78
3.20	Nonpriority creditor's name and mailing address Southern California Edison PO Box 300 Rosemead, CA 91772  Date(s) debt was incurred <u>04/10/2025</u> Last 4 digits of account number <u>8718</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,397.81
3.21	Nonpriority creditor's name and mailing address Summit RFG Corporation d/b/a Lease Administration Center 4680 Parkway Drive, Suite 300 Mason, OH 45040  Date(s) debt was incurred <u>08/02/2019</u> Last 4 digits of account number <u>7002</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Thunder International Group, Inc. Name	Case number (if known)	25-15229
3.22	Nonpriority creditor's name and mailing address TD Auto Finance PO Box 16039 Lewiston, ME 04243	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$95.27
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address Thriveway Funding Group LLC 2362 Norstrand Ave Brooklyn, NY 11210	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$67,450.00
	Date(s) debt was incurred <u>2/4/2025</u> Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address Trace Insurance Services 8671 Wilshire Blvd #714 Beverly Hills, CA 90211	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,456.14
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.25	Nonpriority creditor's name and mailing address U.S. Department of Homeland Security 2707 Martin Luther King Jr Ave SE Washington, DC 20528	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,380.00
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	Nonpriority creditor's name and mailing address UPS 55 Glenlake Pkwy NE Atlanta, GA 30328	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,366.64
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address Valley Vista Services, Inc. 17445 Railroad St City of Industry, CA 91748	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,987.40
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address Veterans Corporate Center LLC Prologis 6250 North River Road, Suite 1100 Des Plaines, IL 60018	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$104,509.56
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29	Nonpriority creditor's name and mailing address Walnut Valley Water District 271 South Brea Canyon Road Walnut, CA 91789	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,593.87
	Date(s) debt was incurred <u>04/09/2025</u> Last 4 digits of account number <u>0849</u>	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Thunder International Group, Inc. Name	Case number (if known)	25-15229
3.30	<b>Nonpriority creditor's name and mailing address</b> Walnut Valley Water District 271 South Brea Canyon Road Walnut, CA 91789	<b>As of the petition filing date, the claim is:</b> Check all that apply.	\$805.34
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date(s) debt was incurred</b> <u>04/09/2025</u>	<b>Basis for the claim:</b> _____	
	<b>Last 4 digits of account number</b> <u>7031</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	<b>Nonpriority creditor's name and mailing address</b> Waste Management of Illinois, Inc. IL Ottawa Hauling PO Box 3020 Monroe, WI 53566	<b>As of the petition filing date, the claim is:</b> Check all that apply.	\$3,501.91
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date(s) debt was incurred</b> _____	<b>Basis for the claim:</b> _____	
	<b>Last 4 digits of account number</b> _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.32	<b>Nonpriority creditor's name and mailing address</b> Westwood Funding Solutions LLC 4601 Shreidan St 501 Hialeah, FL 33014	<b>As of the petition filing date, the claim is:</b> Check all that apply.	\$282,000.00
		<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<b>Date(s) debt was incurred</b> <u>11/24/2023</u>	<b>Basis for the claim:</b> _____	
	<b>Last 4 digits of account number</b> _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.33	<b>Nonpriority creditor's name and mailing address</b> Wordwide Express 2700 Commerce Street Suite 1500 Dallas, TX 75226	<b>As of the petition filing date, the claim is:</b> Check all that apply.	\$7,809.08
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date(s) debt was incurred</b> _____	<b>Basis for the claim:</b> _____	
	<b>Last 4 digits of account number</b> _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	<b>Nonpriority creditor's name and mailing address</b> Workforce Enterprises, Inc. 499a Smith St. Perth Amboy, NJ 08861	<b>As of the petition filing date, the claim is:</b> Check all that apply.	\$384.70
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date(s) debt was incurred</b> _____	<b>Basis for the claim:</b> _____	
	<b>Last 4 digits of account number</b> _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	0.00
5b.	+	\$ 3,937,358.30
5c.	\$	3,937,358.30

Fill in this information to identify the case:

Debtor name Thunder International Group, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 25-15229

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1.	State what the contract or lease is for and the nature of the debtor's interest	Building: 99 Caven Point Road, Jersey City, NJ	
	State the term remaining	Expires: 1/31/2026	99 Caven Point Road, L.L.C. 400 Plaza Drive P.O. Box 1515 Secaucus, NJ 07096-1515
	List the contract number of any government contract		
2.2.	State what the contract or lease is for and the nature of the debtor's interest	Toyota Lift - Model 8FGCU25	
	State the term remaining		Carruth-Doggett, Inc. 7110 North Fwy Houston, TX 77076
	List the contract number of any government contract		
2.3.	State what the contract or lease is for and the nature of the debtor's interest	Building: 19465-19485 E. Walnut Drive, Industry, California	
	State the term remaining	4/30/2026	Industrial Park E SUB A, LLC c/o Allen Matkins Leck Gamble Mallory & Natsis LLP 600 West Broadway, 27th Floor
	List the contract number of any government contract		San Diego, CA 92101
2.4.	State what the contract or lease is for and the nature of the debtor's interest	Building No. 56, Suite A, located at 115 N. Del Rosa, San Bernardino, CA	
	State the term remaining	Expires: 12/31/2030	San Bernardino International Airport 1601 East Third Street, Suite 100 San Bernardino, CA 92408
	List the contract number of any government contract		

Debtor 1 Thunder International Group, Inc.

First Name

Middle Name

Last Name

Case number (if known) 25-15229**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.5. State what the contract or lease is for and the nature of the debtor's interest  
 Building 3, located at 8828 Taub Road, Houston, TX 77064

SH Distribution Center Owner LP  
 Cabot Properties Property Management, LP  
 c/o Rachel Haas  
 1000 N Post Oak Road  
 Suite 220  
 Houston, TX 77055

State the term remaining Expires: 05/01/2027

List the contract number of any government contract \_\_\_\_\_

2.6. State what the contract or lease is for and the nature of the debtor's interest  
 BYD ECB "Comfort" Forklift

Summit RFG Corporation  
 4680 Parkway Drive, Suite 300  
 Mason, OH 45040

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.7. State what the contract or lease is for and the nature of the debtor's interest  
 Building: Bolingbrook 19, 360 Veterans Parkway Bolingbrook, IL 60440

Veterans Corporate Center LLC  
 Prologis  
 6250 North River Rd, Suite 1100  
 Des Plaines, IL 60018

State the term remaining Expires: 01/31/2027

List the contract number of any government contract \_\_\_\_\_

Fill in this information to identify the case:

Debtor name Thunder International Group, Inc.United States Bankruptcy Court for the: DISTRICT OF NEW JERSEYCase number (if known) 25-15229 Check if this is an amended filing

## Official Form 206H

### Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

#### 1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Mimgming Wang	19465 East Walnut Drive North Walnut, CA 91789	Thriveway Funding Group LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.24</u> <input type="checkbox"/> G _____
2.2	Mimgming Wang	19465 East Walnut Drive North Walnut, CA 91789	Westwood Funding Solutions LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.33</u> <input type="checkbox"/> G _____
2.3	Mimgming Wang	19465 East Walnut Drive North Walnut, CA 91789	Charge Up Capital LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
2.4	Mimgming Wang	19465 East Walnut Drive North Walnut, CA 91789	Essentia Funding	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.5	Mimgming Wang	19465 East Walnut Drive North Walnut, CA 91789	Quick Funding Group, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____
2.6	U.S. Small Business Administration	ATTN: District Counsel Two Gateway Center, Suite 1002 Newark, NJ 07102 Guarantor	East West Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Thunder International Group, Inc.

Case number (*if known*) 25-15229

**Additional Page to List More Codebtors**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**  
*Column 1: Codebtor*      *Column 2: Creditor*

2.7 Ye Feng      19465 East Walnut Drive North  
City of Industry, CA 91789      Thriveway Funding  
Group LLC       D \_\_\_\_\_  
 E/F 3.24  
 G \_\_\_\_\_

2.8 Ye Feng      19465 East Walnut Drive North  
City of Industry, CA 91789      Westwood Funding  
Solutions LLC       D \_\_\_\_\_  
 E/F 3.33  
 G \_\_\_\_\_

2.9 Ye Feng      19465 East Walnut Drive North  
City of Industry, CA 91789      Charge Up Capital  
LLC       D \_\_\_\_\_  
 E/F 3.5  
 G \_\_\_\_\_

2.10 Ye Feng      19465 East Walnut Drive North  
City of Industry, CA 91789      Essentia Funding       D \_\_\_\_\_  
 E/F 3.8  
 G \_\_\_\_\_

2.11 Ye Feng      19465 East Walnut Drive North  
City of Industry, CA 91789      Quick Funding Group,  
LLC       D \_\_\_\_\_  
 E/F 3.13  
 G \_\_\_\_\_

Fill in this information to identify the case:

Debtor name Thunder International Group, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 25-15229 (JKS)

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)  
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)  
 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)  
 Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)  
 Schedule H: Codebtors (Official Form 206H)  
 Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)  
 Amended Schedule  
 Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)  
 Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 29, 2025



Signature of individual signing on behalf of debtor

Mingming Wang

Printed name

Secretary, Thunder International Group, Inc.

Position or relationship to debtor